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APPLICANTS

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**** CONTINUING DATA ******* *None N.E.*

**** FOREIGN APPLICATIONS ******* *None N.E.*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 1	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Noted by</i> <i>N.E.</i> Examiner's Signature Initials				

ADDRESS

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TITLE

Bipolar waveform modulation for ultra wideband (UWB) communication networks

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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